

ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS
RESULTING FROM PERMANENT IMPROVEMENT PROJECT

1. AGENCY
Code _____ Name _____

2. PROJECT
Project # _____ Name _____

3. ADDITIONAL ANNUAL OPERATING COSTS/SAVINGS. (Check whether reporting costs or savings.)

☐ COSTS

☐ SAVINGS

☐ NO CHANGE

4.

T O T A L A D D I T I O N A L O P E R A T I N G C O S T S / S A V I N G S				
P r o j e c t e d F i n a n c i n g S o u r c e s				
(1)	(2)	(3)	(4)	(5)
F i s c a l Y e a r	G e n e r a l F u n d s	F e d e r a l	O t h e r	T o t a l
1)	\$	\$	\$	\$
2)	\$	\$	\$	\$
3)	\$	\$	\$	\$

5. If "Other" sources are reported in Column 4 above, itemize and specify what the other sources are (revenues, fees, etc.).

6. Will the additional costs be absorbed into your existing budget? ☐ YES ☐ NO
If no, how will additional funds be provided?

7. Itemize below the cost factors that contribute to the total costs or savings reported above in Column 5 for the first fiscal year.

<u>COST FACTORS</u>	<u>AMOUNT</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
TOTAL	

8. If personal services costs or savings are reported in 7 above, please indicate the number of additional positions required or positions saved. _____

9. Submitted By: _____
Signature of Authorized Official and Title _____ Date _____

